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LAOOAlison Lundergan Grimes
Kentucky Secretary of State
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COMMONWEALTH OF KENTUCKY
ALISON LUNDERGAN GRIMES, SECRETARY OF STATE

Division of Business Filings
Business Filings

PO Box 718
Frankfort, KY 40602
(502) 564-3490
www.sos.ky.gov

Articles of Organization
Limited Liability Company

KLC

Pursuant to KRS 14A and KRS 275, the undersigned applies to qualify and for that purpose submits the following statements:

Article I: The name of the limited liability company is

Foodsteps Nutritional Therapy, LLC

Article II: The street address of the limited liability company's initial registered office in Kentucky is

<u>909 Thorpe Drive</u>	<u>Louisville</u>	<u>KY</u>	<u>40243</u>
<small>Street Address Only (No Post Office Box Numbers)</small>	<small>City</small>	<small>State</small>	<small>Zip Code</small>

and the name of the initial registered agent at that office is Maureen Simon

Article III: The mailing address of the limited liability company's initial principal office is

<u>909 Thorpe Drive</u>	<u>Louisville</u>	<u>KY</u>	<u>40243</u>
<small>Street Address or Post Office Box Number</small>	<small>City</small>	<small>State</small>	<small>Zip Code</small>

Article IV: The limited liability company is to be managed by (must check one):

☐

A. a manager(s).

☒

B. its member(s).

Article V: This application will be effective upon filing, unless a delayed effective date and/or time is provided. The effective date or the delayed effective date cannot be prior to the date the application is filed. The date and/or time is _____

(Delayed effective
date and/or time)

I/We declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct.

Maureen Simon, Managing Director 01/10/2014

Signature of Organizer

Printed Name & Title

Date

Signature of Organizer

Printed Name & Title

Date

Maureen Simon

Print Name of Registered Agent

, consent to serve as the registered agent on behalf of the limited liability company.

Maureen Simon

01/10/2014

Signature of Registered Agent

Printed Name

Date